

DRAFT
GOVERNOR'S ELECTRONIC HEALTH RECORDS TASK FORCE
MINUTES

Monday October 31, 2005

Richmond, VA

CALL TO ORDER: The meeting of the Task Force convened at 1 p.m.

MEMBERS PRESENT: G. Gilmer Minor, III, Chair
The Honorable Jane H. Woods, Vice-Chair
Carolyn W. Bagley
Christopher S. Bailey
Barbara Baldwin
James E. Burns
Kippy J. Cassell
Aneesh Paul Chopra
John J. Dreyzehner, MD
Kevin W. Fergusson, MD, MSHA
Patrick W. Finnerty
Brian Foley
Carl F. Gattuso
Doug Gray, represented by Ms. Healy
Richardson Grinnan, MD
L. Thompson Hanes, Esq
Frederick J. Hannett
The Honorable Leonard L. Hopkins, Jr.
David T. Hollins
The Honorable Eugene J. Huang
Rick Mears
The Honorable John M. O'Bannon, III M.D.
Carol B. Pugh
Bertram S. Reese
James Reinhard, M.D
Rebecca P. Snead, R.Ph.
Gregory S. Walton

MEMBERS ABSENT: David Bernd
Jeffrey D. Burke
Don E. Detmer, MD
J. Goodlett McDaniel
Brenda Moore

STAFF PRESENT:

David Austin, Department of Medical Assistance Services
Kim Barnes, Virginia Department of Health
Betty Jolly, Department of Health Professions
John Kenyon, Department of Medical Assistance Services
Diane Horvath, Virginia Information Technologies Agency
Craig Suro, Office of Health and Human Resources

PUBLIC SIGN IN:

Michael Matthews, MedVirginia
Katy Lansford, IBM
Lori Redding, IBM
Ed Bostick, NNMP Telemedicine Consortium

Purpose of Meeting

The purpose of the meeting was to review and vote on the draft report from the Task Force in response to Executive Directive 6, "Governor's Task Force on Information Technology in Health Care." A final report to the Governor is due November 1, 2005.

Administrative ItemsCall to Order and Roll Call

The meeting was called to order at 1 p.m.; roll call confirmed a quorum.

Welcome and Introduction

Chairman Gil Minor and Vice-Chair Jane Woods expressed appreciation for the ongoing work of the Task Force members and subcommittee chairs and recognized staff for their efforts. The Chairs charged the Task Force with an advocacy role in educating state leadership about the importance to the Commonwealth of Executive Directive 6.

Discuss and Approve Draft Minutes of October 3, 2005

Mr. Hanes moved the acceptance of the Minutes of October 3, 2005. Mr. Bailey made the second. Passed unanimously.

Discussion and Pending Approval of Draft Minutes of October 31, 2005

Secretary Woods recommended the Executive Committee of the Task Force be granted authority to approve final minutes of the October 31 meeting, since this was the last meeting of the Task Force. Mr. Walton moved; Mr. Hannett made the second. Passed unanimously.

Explanations on the Five (5) Recommendations Contained in Draft Interim Report*Recommendation 1: "Establish an ongoing statewide Virginia Health Care Innovations Group, with staff support from the Executive Branch"*

Chairman Minor called on Dr. Burns to discuss Recommendations #1 and Recommendation #2 of five recommendations to be delivered to the Governor. Dr. Burns addressed the need to provide a continuing structure that allowed a committee of stakeholders to address the adoption of a system as complex as the electronic medical record (EHR), with staff support provided by an executive branch. He mentioned the idea of an EHR "czar" was discussed, but is seen as too proscriptive. Influencing federal policy and marketing the need to all stakeholders required an ongoing organizational structure within state government. Mr. Hannett requested clarification on 2d: "Construct financial models to determine best practice projects to be funded or supported by the

Commonwealth.” Dr. Burns provided some suggested metrics on ways to determine the effectiveness and the triaging of state investments in EHP.

Recommendation 2: “In the state’s role as purchaser, work closely with the departments of Human Resources Management and Medical Assistant Services to establish incentives for EHR adoption.”

Dr. Burns emphasized the state’s role as a purchaser of employee health care and the opportunity to lead by example in the adoption of EHR. Vice-Chair Woods corrected the wording of “Human Resources Management and Medical Assistant Services” to read “Departments of Human Resource Management and Medical Assistance Services.” Mr. Hannett, Delegate O’Bannon and Vice-Chair Woods recommended delineating more state agencies to be involved in discussions about the state, third party administrators and EHR adoption. In particular, the Departments of Corrections and the Department of Mental Health, Mental Retardation & Substance Abuse Services. Mr. Hannett offered the following wording for the Report’s Executive Summary to cover the population diversity of covered lives in the state’s role as purchaser: “Recognizing that hundreds of thousands of residents of the Commonwealth receive health care services through programs and facilities administered by the U.S. Departments of Defense and Veterans Affairs and that these federal agencies are nationally recognized as leaders in the development of adoption of health information technology in general and the electronic health record in particular, it becomes vitally important for future efforts to direct state agencies to facilitate inclusion of these populations for planning purposes.” Vice-Chair Woods requested the wording “Commonwealth Leadership: the partnership between the state, its insurer and its enrollees/employees, to include the federal workforce be addressed forthwith, with the charge to move this action forward in a timely manner” be added as sub point d under 2.2.

Recommendation 3: “Appropriate state monies to facilitate increased eHealth initiatives. The obvious entry point to spur adoption being reimbursement, the Task Force recommends providing additional funding to develop and/or enhance programs to provide interoperability.”

The Chair called on Mr. Walton to present the information leading to this recommendation. Mr. Walton emphasized the Task Force discussions made clear the need to go to the next level of grant incentives in order to encourage adoption by private practices and institutions, as well as incentivizing existing programs of data interoperability. The Commonwealth program, ESSENCE, a system being used by hospital emergency rooms, was cited as one to be broadened in order to respond to disease outbreaks. Mr. Grinnan recommended language be added to include “bioterrorism” to the public health concerns shared by emergency rooms. Financial modeling of outcomes expected as well as accountability of emerging federal standards is recommended prior to funding. Dr. Dreyzehner requested the addition of the following information in order to encourage Regional Health Information Organizations (RHIO) presently in operation: “Support of regional efforts in the Commonwealth’s various health care markets as part of the overall health information exchange infrastructure development strategy.”

Recommendation 4: “Identify and support the implementation of a master patient index (MPI) system, the data integration of a computer-based system that facilitates the tracking of patient information with ...outcomes.”

Vice-Chair Woods called on Mr. Bailey and Secretary Huang to define the importance of this Task Force Recommendation. Mr. Bailey and Secretary Huang noted that the MPI was the basis for the electronic medical record. Chairman Minor reiterated that going forward without the MPI would be impossible. Mr. Hannett suggested an insert in the final document regarding the importance of work of the Commission on Systemic Interoperability (CSI) which was authorized by the Medicare Modernization Act and established by the Secretary of Health and Human Services. The Commission was charged with developing a strategy to make healthcare information instantly accessible at all times, by consumers and their healthcare providers through interoperability and connectivity platforms. According to the Commission’s October 2005 report, interoperability “focuses on the need for healthcare information to be connected so information is accessible whenever and wherever it is needed and authorized. Interoperability issues often become exceedingly technical, focusing on the rules for how information is created, stored, and moved among computer systems. Finally, there must be physical networks and operating rules for actually moving information around. Connectivity focuses on the networks providing the conduits for moving healthcare information seamlessly. A major obstacle to connectivity is creating a mechanism to connect an individual with his or her healthcare information. Connectivity also encompasses the major issue of consumer confidentiality—providing uniform privacy laws across the country and punishing those who seek to violate them.” Vice-Chair Woods emphasized the importance of CSI’s work in all of Virginia’s deliberations on the development of the EHR.

Recommendation 5: “Encourage an alliance regarding the expansion of education in healthcare technology as a separate but coordinated effort to prepare the necessary workforce.”

Mr. Foley spoke to the concern he and Dr. Detmer championed during the Task Force deliberations regarding the need for workforce growth in new student populations as well as training current professional personnel in the skills necessary to utilize data.

Move to Adopt:

Dr. Burns moved the adoption of the Interim Report, with Amendments as noted; Dr. Dreyzehner seconded. Motion passed unanimously. Discussion highlighted the need for Recommendation 1 in order to deal with circumstances in the dynamite process that is ongoing at the federal and state level for the electronic health record and the continued use of the web site to keep the public informed. Vice-Chair Woods directed staff and subcommittee chairs meet to continue to populate the web site with helpful information. <http://www.ehealth.vi.virginia.gov>

Process of Report Submission:

Secretary Woods walked the Task Force through the steps for requesting implementation of the recommendations, starting with submission to the Department of Legislative Services and the budget decision process to Secretary of Finance, concluding with the release of the Governor's budget in December, which is then transferred to the General Assembly for debate and action. Discussion followed on

Other Business and Public Comment:

Chairman Minor called for Public Comment. There was none.

Vice-Chair Woods expressed appreciation for the leadership of the Chair, Gil Minor.

Adjournment:

Chairman Minor adjourned the meeting at 2:15 p.m.

Next meeting:

None scheduled